

# **Relational Staffing: The Cutting Edge of Culture Change**

Joint Provider Surveyor Training 3/15

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# Conflict of Interest Statements:

- Susan Misiorski, BSN: no identified conflict of interest concerns.
- Sandra Place, LNHA, TLLP: no identified conflict of interest concerns.
- Deborah Heath, BSN, DON: no identified conflict of interest concerns.
- Brenda Schero, BSN: no identified conflict of interest concerns.

# TODAY'S OBJECTIVES

- Define Relational Staffing and its various models.
- Outline the evidence based benefits of Relational Staffing.
- Become knowledgeable on the regulatory pros and cons of Relational Staffing.
- Learn from the experience of a Michigan Skilled Nursing Facility and how it implemented Relational Staffing in two successive models.
- Obtain answers to your Relational Staffing questions.

# **Relational Staffing**

Presented by Susan Misiorski

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# **It's all about Relationships.....**



**"Relationships are not only the heart of long term care, they are the heart of life." *Carter Catlett Williams***

# What is it?

- The person being supported/cared for has the same caregiver or team of caregivers consistently.
- Assignments are based on quality of relationship versus numbers or tasks.
- Relational staffing includes nurses, CNAs, Housekeeping, Dietary, Activities and Social Work.





# Comparison of Staffing Models

Traditional Staffing Models	Relational Staffing Models
Staff rotate (daily, weekly, monthly or quarterly).	Staff work with the same Elders consistently.
Staff are told who they are assigned to.	Staff and Elders create "assignments"
Shift routines are set by employer.	Daily rhythms emerge from the Elders.
Changes in assignments are usually a result of admissions and discharges.	Changes are based upon relationships, skills, acuity.
Centralized scheduling department.	Staff in consistent work teams create their own schedules.

# Advancing Excellence

The Advancing Excellence in America's Nursing Homes Campaign has defined consistent assignment as **"each resident has no more than 12 direct caregivers in a one month period."**

[www.nhqualitycampaign.org](http://www.nhqualitycampaign.org)





# The Household Model

- Staff often work in blended roles.
- Staff are assigned to a household, not to a Resident.
- **Very** strong teamwork.
- Residents and existing staff hire new employees.
- Staff often are empowered to create household staffing schedules.



# The Green House Model

- Shabazim.
- Work in the Green House home consistently.
- “Deep Knowing” relationships.
- Highly empowered, versatile workers.



# Relational Staffing is Evidence Based

- Bowers BJ "Turnover Reinterpreted: CNAs talk about why they leave." Journal of Gerontological Nursing 29.3 (March 2003): 36-44
  - Rotational staffing made CNAs feel less valued.
  - CNAs defined "good caregiving" as based on the establishment and maintenance of good relationships with Residents. CNAs felt disruption of the relationships as detrimental to care.
- Bowers BJ, Fiblich B, Jacobson N. "Care-as-service, care-as-relating, care-as-comfort: understanding nursing home residents definition of quality." The Gerontologist
  - Having good relationships with staff was seen by some Residents as quality care.
  - Reciprocal sharing about their personal lives was seen as an example of high quality care.

# More Evidence:

- Bowers BJ, Esmond S. & Jacobson N. " The Relationship Between Staffing and Quality in Long Term Care Facilities, Exploring the Views of Nurse Aides." Journal of Nursing Care Quality 14.4 (July 2000): 55-64
  - The relationship between the CNA and the Resident was deemed the central determinant of quality care by CNAs
  - High quality of care is care that is given "affectionately" or "individually."
  - Familiarity and relationships are necessary for quality of care.
  - Adequate and consistent staffing help foster relationships.

# Benefits of Relational Staffing:

- Improved staff retention.
- Improved staff satisfaction.
- Improved Resident satisfaction.
- Better teamwork.
- Fewer call offs.
- Better follow through on care.
- Early identification of change of condition.
- Calmer, more pleasant culture of caring.

# **Regulatory Impact ~ Relational Staffing**

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  - HEALTH CARE SURVEYOR for the State of Michigan
  - Department of Licensing and Regulatory Affairs
  - Bureau of Healthcare Services



# Regulatory Introduction:

- How do the regulations correspond with Relational Staffing?
- Benefits for the provider: improved staff to resident relationships and overall resident care.
- Maintaining compliance while actively participating in Relational Staffing.
- Where could noncompliance sneak in when Relational Staffing is being utilized at your facility.

Straight to the Point!



**The story  
continues...**

# Objectives:

- At the end of this segment you should be able to:
  - Understand how the regulations support relational staffing.
  - Understand how relational staffing could entertain a deficient practice.

# **The Positive Side of Relational Staffing & Regulations**

- **F-240, Quality of Life**
- **F-241, Dignity**
- **F-279 & F-280,  
Comprehensive &  
Development of Care Plans**
- **F-309, Quality of Care**
- **F-323, Accidents and  
Supervision**



# F-240 QUALITY OF LIFE

- A facility must care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life.
- Move toward creating and sustaining an environment that **humanizes** and **individualizes** each resident.
- How?
  - Having familiar caregivers may allow a resident to feel that they can express their personality, and not as if they are just a room number or a Resident!
  - A familiar caregiver can assist a resident into knowing that they are an individual, and knowing the little things the resident likes such as, the way they like to eat, shower, get dressed, go to bed etc.
  - It allows the Resident to stand apart from all other residents who reside at the facility.
  - Having many staff members care for a resident may make the resident always feel that their needs are not being met. Plus, the resident always having to explain how they want things done.

# F-241 DIGNITY

- Relationships build respect.
- **Promoting care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.**
- "Dignity" means that in their interactions with residents, staff carry out activities that assist the resident to maintain and enhance his/her self-esteem and self-worth such as,
  - Grooming residents as they wish to be groomed (e.g., hair combed and styled, beards shaved/trimmed, nails clean and clipped)
  - Encouraging and assisting residents to dress in their own clothes appropriate to the time of day and individual preferences.
  - Promoting resident independence and dignity



# F-279 & F-280 Comprehensive and Development of Care Plans

- 1) The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.
  - Consistent staff members would be more familiar with a resident's objectives, goals, and needs.
  - With Consistent staff members resident needs can be met as the resident prefers them done.
  - The end results is a plan of care that is tailored specifically to the individual resident.



# F-309 QUALITY OF LIFE

- Each resident must receive and be provided the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, **in accordance with the comprehensive assessment and plan of care.**
- It all ties in together!
- With an accurate comprehensive assessment you can develop a resident centered plan of care.
- A resident centered plan of care can create higher resident satisfaction.
  - Problems, goals, and interventions on a resident plan of care are not known to a consistent staff member caring for the resident.
  - A routine may be established, leaving the resident with full knowledge of what will take place when and where.

# F-323 ACCIDENTS & SUPERVISION

- **1) The residents will have an environment that remains as free from accident hazards as is possible.**
- **(2) Each resident must receive adequate supervision and assistance devices to prevent accidents.**
- Environment—how does the resident like his/her room arranged? What is the resident's toileting schedule? Why is the resident attempting to get out of bed or a chair without assistance? Why won't the resident stay in the chair or bed where I put him/her?
  - A relational caregiver may know why the resident will not stay sitting, because the staff members know the resident's routine and care needs. With needs being met the resident may be less likely to have an accident.

# THE DOWNFALL: What is the negative impact continuity of care can create in the regulations?

- What regulations are we talking about? Are not all the regulations meant to have a positive impact?
- F-223—ABUSE
- F-224---TREATMENT OF RESIDENTS & THEIR PROPERTY.
- F-309—THEY ALL WANT YOUR ATTENTION
- JUST TO NAME A FEW.



# F-223 ABUSE

- Types of abuse:
  - Physical, Verbal, mental, psychosocial, neglect & misappropriation of property.
- Abuse from a staff member, sometimes, is the result of staff burn-out.:
  - May be from a personal issue,
  - working too many hours,
  - feeling ill, etc...
- How is abuse connected to a negative impact on residents?
  - Long Term Care staff members have a very difficult job, caring for our Elders is not an easy job, and it is tiring.
  - If a resident's routine changes without notice this could trigger some negative emotions on the staff member's part, thus the staff member could lash out.

# IN THE BEGINNING.....

- The start of the CNA's day was rough. The CNA had worked a 16 hour shift the day before and was exhausted. The CNAs focus became cloudy and she showed signs of burn-out. The CNA became upset when the resident she had taken care of for 12 months challenged her knowledge and ability to care for the resident in the way the resident preferred. The CNA and resident had a good relationship for the past 12 months, and the resident's quality of care was excellent as a result, but that relationship became a burden to the CNA, why? Possibly the CNA was very busy on that particular day, she was tired, and needed to take short cuts in providing care to her residents. A resident took note of the CNA performing her afternoon care incorrectly, and not as the CNA had done for the past 12 years. The CNA reacted inappropriately as a result.



# F-309 QUALITY OF CARE

- A resident's quality of care can be dampened when a staff to resident relationship has been established, and much is expected of the staff member.
- The same applies to nursing, example; the nurse did not get the resident's medications to him/her at the time she always had resulting in the resident having to wait an extra few minutes to go to lunch. The nurse becomes upset and feels the resident should understand her situation. The nurse verbally attacks the resident, and then punishes the resident by making her wait 20 more minutes to go to lunch.
- When a relationship has been established that relationship may expect perfection and more from the primary CNA or nurse; all the time. The end result may turn into a bad situation; where if staff had been rotated the staff member and/or resident may not have become upset over the small discrepancy in their schedule.

THANK YOU!!



**KEEP  
CALM  
AND  
CARRY  
ON**

# How It All Began at JCMCF!



# About Jackson County MCF

- I think to understand how we grew, it might help to know a little about who we are:
  - We are home to 194 souls.
  - We are fully dually certified and average approximately 73% Medicaid recipients. We average about 9% of our Elders on hospice.
  - We have been Eden Alternative Certified since 2009.
  - We are proud winners of an American Health Care Association Quality Award.
  - We have won the Society of HR Management in Michigan's Diversity Award for a inclusion and support of our Carepartners.
  - Our Mission and Vision are Elder choice driven and our world revolves around our Elders.
  - Our home has been in existence for 175 years and we began our history as the County Poor Farm.

# The County Poor Farm, our roots!





# The Journey of Relational Staffing at Jackson County Medical Care

- 2009 – The Board of Directors determined that the culture change model of care was optimal. JCMCF became an Eden Registered home in early 2010, qualifying under the criteria for registry.
- In early 2010 JCMCF began the process of planning and moving to a “Consistent Assignment” approach to staffing.
- **This was not a quick or easy transition.**
- We have three strong unions and many, many members of the team who have worked at our home a long, long time.
- Sometimes change is challenging, sometimes frightening, and oftentimes is not met with open arms!







# First Steps



- The Director of Nursing at the time held numerous educational sessions explaining:
  - The definition of Consistent Assignment.
  - How building the relationship and deep knowing of the individual being cared for not only improved care, but supported the work of the CNA and Nurses. It is easier to care for someone when you know what makes them happy!
  - Provided information about this evidenced based best practice.
  - Shared the timetable for implementation.

# HOW ASSIGNMENTS WERE GENERATED!

- The Director Team with the DON determined the process of initiating consistent assignment should roll out in phases beginning with the licensed nurses.
- This group was chosen because they were fewer in number and we could evaluate the process, make adjustments and celebrate successes better in this initial phase.



# How we rolled!!



- The DON met with Union Leadership first, then each nurse individually.
- She reiterated our reasons why we were moving to consistent assignment from rotational staffing.
- She asked each nurse to provide their top two preferred neighborhood assignments in order of preference.
- She informed each nurse she would make every effort to honor their first choice, but could not guarantee they would get it.
- She did manage to get all of the nurses, with the exception or two their top preferred choice. She did this all within the confines of the union contracts. We have 2 nursing unions.

# Live by Autumn!!

- By the end of September of 2010, all our nurses had at least one month on their new consistent assignment (CA).
- It was now time to begin the same process with all the CNAs.
- The DON followed the same protocol of meeting individually with each CNA, explaining why we were moving to CA, seeking the top two preferred assignments, sharing every effort would be made to provide the top choice, but no guarantees.



# IT WAS HAPPENING BY THE HOLIDAYS!!

- By the time December arrived, assignments were in place and we were just beginning to experience Consistent Assignment.
- Elders and Carepartners alike were commenting on how much better it was.
- Elders knew who to expect and trusted in their loving care.
- Carepartners knew the preferences, simple pleasures and joys of each Elder.
- Had we reached a state of Nursing Home Nirvana?
  - **No way!**





# WE GOT HIT!

- Our timeline had not taken into consideration that the holiday period is a huge time of vacation coverage and increased call ins.
- Our Consistent Assignment quickly turned into holiday stress! Actually, Holiday Madness!!!
- We essentially ended up starting over in January rebuilding the trust that had waivered during the holiday season.
- It was a time of culture cooling for JCMCF.





# CHALLENGES

- Jackson CMCF maintained Consistent Assignment at between 80% and 90% of the time for a couple of years.
- At that point we had a union proposal and contract change that altered the way we mandated overtime.
- As a result of this contract change, JCMCF went through some extremely challenging and frosty times.
- Those challenging times made it very hard to maintain our high percentage with consistent assignment.
- Call ins increased, mandation was refused per contract meaning least senior Carepartners carried the load, and morale took a huge nose dive.



# To the Present:

- We worked to fix this situation by working closely with the union to make the contract more functional and ultimately resolved the mandation issue.
- At the same time the Director team was slowly changing their vision of consistent assignment. This was also happening in the larger long term world. We gravitated toward neighborhood consistent assignment.
- Our DON resigned and we thanked her for her many years of service.
- Our new DON brought with her a wealth of experience in the household model of culture change and began the process of enlightening our neighborhoods to the idea of moving to the next step, true "Relational Staffing."



# 10,000 Foot View

- This overview, is of course the 10,000 foot view of what grew and evolved, and continues to do so, in our home.
- Both Deborah Heath, DON and myself are working with neighborhood teams to grow their cultures and make their neighborhoods wonderful places to live and work.
- It is now my pleasure to share her with you to discuss where we are today and what we are doing in our home.



# Relational Staffing DON View

Leadership assigned CarePartners to Neighborhoods and even asked them what Neighborhood they would like to belong. And the schedule reflects this.

But that does not make Relational Staffing, that is essentially, "Consistent Assignment."



# Relational Staffing Pitfalls

- Weekends and Holidays
- Room Assignments
- Shift wars
- Who all belongs ~ other departments
- Tasks versus Person Centeredness
- Traditional versus Neighborhood
- Supervisor versus Leadership
- "We Always Have Done It This Way"
- "What will the Surveyors Say?"





# How we are overcoming Pit Falls:

- Determine how many Care Partners are needed for each Neighborhood and cover weekends/Holidays.
- Have a Primary and Secondary Neighborhood to help with the sense of belonging.
- Create a Team by getting rid of room Assignments and change the Culture to Neighborhood Assignments. A more holistic model.
- No "Get up Lists", no "everyone up for breakfast", choice of meals, choice for care, change in medication delivery (upon arising).
- Learning Circles between shifts to hear both sides of issues, conflict resolution, idea sharing and creative solutions to challenges.
- Including Housekeeping, Laundry, Dietary; it is not just Nursing.





# Overcoming Continues!

- Changing the Language of our home from how many showers, “feeders”, “not my resident,” room numbers, diagnosis, behaviors to the NAMES of human beings.
- Permission granted to have a relationship and some fun with the Residents/Elders/People.
- Education of Supervisors to become Leaders.
- How long have we been doing it this way? “Since the old Building” Asking WHY WHY WHY WHY WHY Then is it working or does it make sense.
- This is OBRA 87, the ***Person First***.

Tools to Success

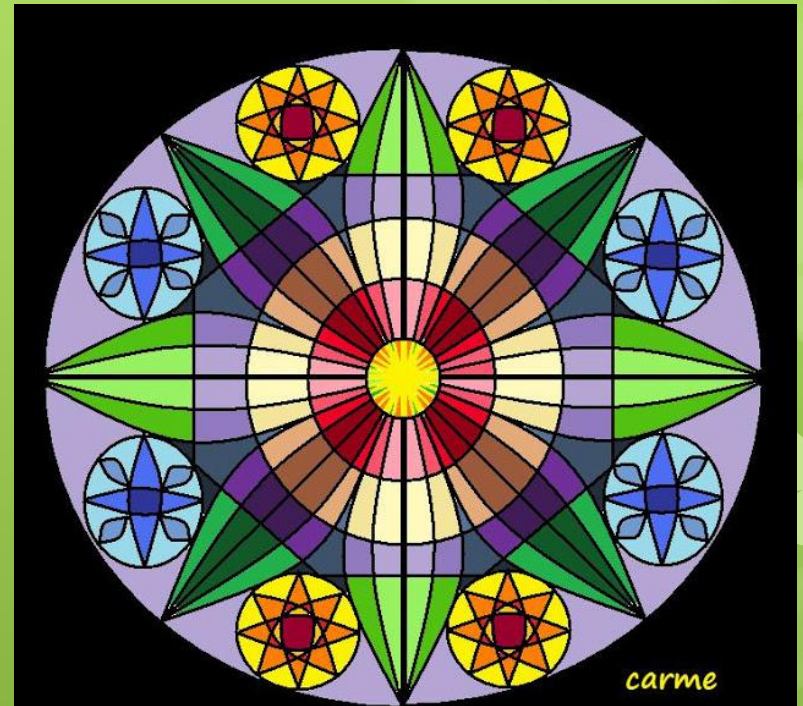


# Learning Circles



# Learning Circles Purpose

- Create Trust
- Problem Solve
- Tell your story
- Build Relationships
- Everyone is heard
- Create a Community



# DEVELOPING THE TEAM

- Being a member of a team:
  - Fosters a sense of belonging.
  - Fosters a sense of pride in the Neighborhood they are assisting in creating.
  - Creates a sense of Community with each other (Residents, Families, community, and each other).
  - Residents are involved in the Neighborhood as a member of the community. Not someone to have something done to them instead it is with them.





# Solid Relational Staffing Goals:

- Caring for the person, not the diagnosis.
- Ridding the facility of loneliness, helplessness, and boredom. Not just Elders, but staff also.
- Decreasing call-ins, staff turnover, and increasing staff satisfaction.
- Being a home that the community of Jackson wants to be a part of.
- Create HOME.



# QUESTIONS?





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- Shields, Steve & Norton, LaVrene (2006), *In pursuit of the Sunbeam, a practical guide to transformation from institution to household,* Topeka, Kansas, Action Pact Press
- Evidence based slides as noted and used in the presentation.